

AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT				CLAIMS			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL	TOTAL CLAIMS
1														1	1
2														2	2
3														3	3
4														4	4
5														5	5
6														6	6
7														7	7
8														8	8
9														9	9
10														10	10
11														11	11
12														12	12
13														13	13
14														14	14
15														15	15
16														16	16
17														17	17
18														18	18
19														19	19
20														20	20
21														21	21
22														22	22
23														23	23
24														24	24
25														25	25
26														26	26
27														27	27
28														28	28
29														29	29
30														30	30
31														31	31
32														32	32
33														33	33
34														34	34
35														35	35
36														36	36
37														37	37
38														38	38
39														39	39
40														40	40
41														41	41
42														42	42
43														43	43
44														44	44
45														45	45
46														46	46
47														47	47
48														48	48
49														49	49
50														50	50
TOTAL				TOTAL				TOTAL				TOTAL			
IND.				IND.				IND.				IND.			
DEP.				DEP.				DEP.				DEP.			

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)	
SERIAL NO.	09/674816
APPLICANT(S)	
FILING DATE	